

Best Available Copy

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. <i>097187574</i> |
|--|------|------------------------|------|------------------------|------|--------------------------------|
| | | | | | | APPLICANT(S) |
| CLAIMS | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. |
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| TOTAL IND. | 6 | | | | | TOTAL IND. |
| TOTAL DEP. | 45 | | | | | TOTAL DEP. |
| TOTAL CLAIMS | 50 | | | | | TOTAL CLAIMS |

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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